

AMHERST HEALTH DEPARTMENT

70 BOLTWOOD WALK • AMHERST • MA • 01002

Office (413) 256-4077 Fax (413) 256-4053

Environmental Health (413) 256-4033

www.amherstma.gov

APPLICATION FOR INSTALLERS LICENSE

_____, 200__

ANNUAL FEE \$125.00

The undersigned hereby applies for a License in accordance with the provisions of the Statutes relating thereto:
INSTALLERS LICENSE

(Full **name** and **address of person**, firm or corporation **making application**)

State clearly purpose for which license is requested_____

Give business location by street and number_____

in said Town of Amherst in accordance with the rules and regulations made under authority of the Statutes.

Business Phone Number_____ Home Phone Number_____

Federal I. D. Number_____ Social Security Number_____

Signature of Applicant_____

Workers' Compensation Insurance Affidavit (M.G.L. c. 152 #25C (6))

I, _____ do hereby certify that:

1. ☐ I am an employer providing the following workers compensation coverage for my employees
_____ (policy # / insurance company)

2. ☐ I am not required to have workers' compensation insurance under M.G.L. C. 152, Sect. 25 (c) (6)

***Any applicant that checks #1 above must also fill out the Worker's Compensation Affidavit.**

Please Note The Following Late Fees Will Be Enforced
First 30 Days Overdue \$50.00..... 60 Days & Each Month Thereafter \$100.

Return to: Environmental Health Services
Bangs Community Center, 2nd Fl
70 Boltwood Walk
Amherst, MA 01002

Make Check Payable to: **Town of Amherst**